

PATENT APPLICATION
DECLARATION AND POWER OF ATTORNEY

ATTORNEY DOCKET NO. M61.12-0550

MS DOCKET NO. 305586.01

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **METHOD AND APPARATUS USING HARMONIC-MODEL-BASED FRONT END FOR ROBUST SPEECH RECOGNITION**

the specification of which is filed herewith unless the following box is checked:

(was filed on _____ as US Application Serial No. or PCT International Application Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES: <input type="checkbox"/> NO: <input type="checkbox"/>
			YES: <input type="checkbox"/> NO: <input type="checkbox"/>

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) associated with

Customer No. 27366

to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to:

Direct Telephone Calls To:

Contact Name Firm Name Firm Address City, State and Zip	Theodore M. Magee Westman Champlin & Kelly 900 Second Ave. S., Ste. 1600 Minneapolis, MN 55402-3319
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Contact Name Contact Phone Number	Theodore M. Magee 612-334-3222
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DECLARATION AND POWER OF ATTORNEY

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Michael Seltzer

Citizenship: US

Residence: Pittsburgh, PA

Post Office Address: 5646 Hobart Street, Apt. 4, Pittsburgh, PA 15217

Inventor's Signature

Date

DECLARATION AND POWER OF ATTORNEY

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Full Name of Inventor: James Droppo

Citizenship: US

Residence: Duvall, WA

Post Office Address: 13820 282nd Court N.E., Duvall, WA 98019


Inventor's Signature

8/25/2003

Date

DECLARATION AND POWER OF ATTORNEY

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Full Name of Inventor: Alejandro Acero

Citizenship: Spain

Residence: Bellevue, WA

Post Office Address: 6525 163rd Place S.E., Bellevue, WA 98006



Inventor's Signature

8/25/2003

Date

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Contact Name Firm Name Firm Address City, State and Zip	Theodore M. Magee Westman Champlin & Kelly 900 Second Ave. S., Ste. 1600 Minneapolis, MN 55402-3319

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Date

8/23/03

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MS DOCKET NO. 305586.01

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Citizenship: US

Residence: Duvall, WA

Post Office Address: 13820 282nd Court N.E., Duvall, WA 98019

Inventor's Signature

Date

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ATTORNEY DOCKET NO. M61.12-0550

MS DOCKET NO. 305586.01

Full Name of Inventor: Alejandro Acero

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Date